Please print or type in the unsh (fill—in areas are spaced for elit	e type, i.e., 12 characters/inch,				Form Approved OMB No. 15	58-R01	<i>75</i>	استون		
FORM			TAL PROTE	ATION	EPA I.D. NUMBER			T/A C		
SEP/	Co.	nsolidat	ed Permits F	· · · · · · · · · · · · · · · · · · ·	F M A D 0 4 6 1 2		1			
LABEL ITEMS EPA I.D. NUMBER MADO46128559 II. FACILITY NAME ATY-DAVIDSON			RANY.	INC. 24 1380.	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the					
V. FACILITY V. MAILING ADDRESS	MAIN STREET			THIS SPACE	appropriate fill—in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete					
VI. FACILITY VI. LOCATION	WHYTINSVILLE, MASS. 01588 Items 1, III, must be con items if no						VI-B comp ed. R em. c	which lete all efer to descrip-		
II. POLLUTANT CHARACTE										
questions, you must submit if the supplemental form is is excluded from permit requ	this form and the supplement attached. If you answer "no" uirements; see Section C of the	tel form to each instruct	listed in the question, yetions. See als	e parenthesis following the que you need not submit any of the so, Section D of the instruction	n forms to the EPA. If you answestion. Mark "X" in the box in the see forms. You may answer "no as for definitions of bold—faced	the thir " if you terms.	d col ir act	umn		
SPECIFIC Q	UESTIONS	YES N	O ATTACHED		QUESTIONS	YES	NO A	TTACHED		
	cly owned treatment works large to waters of the U.S.?		X 10	include a concentrated	(either existing or proposed) animal feeding operation or on facility which results in a a U.S.? (FORM 2B)	19	X 20	21)		
	currently results in discharges ther than those described in C)	X 22 2	3 84	in A or B above) which waters of the U.S.? (FOR			X. 26	27		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X 28 2	X	municipal effluent below taining, within one qu	ct at this facility industrial or w the lowermost stratum con- arter mile of the well bore, drinking water? (FORM 4)		X 32	33		
water or other fluids wh in connection with conve duction, inject fluids us	t at this facility any produced ich are brought to the surface entional oil or natural gas proect for enhanced recovery of ect fluids for storage of liquid		X 36	cial processes such as m process, solution mining tion of fossil fuel, or re (FORM 4)	et at this facility fluids for spe- nining of sulfur by the Frasch of minerals, in situ combus- covery of geothermal energy?		X 36	39		
one of the 28 industria structions and which w per year of any air pe	ed stationary source which is all categories listed in the in- ill potentially emit 100 tons of the control of	2	х	NOT one of the 28 ind instructions and which we per year of any air pollu	ed stationary source which is lustrial categories listed in the will potentially emit 250 tons tant regulated under the Clean or be located in an attainment	43	X	45		
III. NAME OF FACILITY										
SKIP ATF-DAVIDSON COMPANY, INC. TO THE PROPERTY OF THE PROPERT										
IV. FACILITY CONTACT	A NAME & TITLE (last fit	rst. & ti	tle)		a. PHONE (area code & no.)		.,,,,			
A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.) ROSOL JOSEPH PLANT ENGINEER 6, 1, 7 2, 3, 4 7, 4, 5, 1 19 16										
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX										
3 MAIN STREET B. CITY OR TOWN C. STATE D. ZIP CODE										
B. CITY OR TOWN C.STATE B. ZIP CODE RDMS DocID 110029						9				
VI. FACILITY LOCATION	>									
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER MAIN STREET										
B. COUNTY NAME										
WORCESTER										
C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known) 6 WHITINSVILLE MA 01588										
15 16				40 41 42 47	51 32 - 24					

CONTINUED FROM THE FRONT							
VII. SIC CODES (4-digit, in order of priority)			A PART OF THE PART				
A. FIRST		B. SECOND	CONTRACTOR OF THE PROPERTY OF				
7 3 5 7 9 DUPLICATING MACHINES	7	(specify)					
C. THIRD		D. FOURTH					
7 3 5 5 5 (specify) Printing Trades, Mach	nines $\frac{c}{7}$	(specify)					
and Equipment	15 46 - 18						
VIII. OPERATOR INFORMATION	NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	B. Is the name listed in				
<u>^.</u>	TITITI		Item VIII-A also the				
8 ATF-DAVIDSON COMPANY, INC.			☐ YES Å NO				
15 16		A Comment of the Comm	55 66				
C. STATUS OF OPERATOR (Enter the appropriate letter i	into the answer box; if "Other	", specify.) D. PHO	NE (area code & no.)				
F = FEDERAL M = PUBLIC (other than federal or state S = STATE O = OTHER (specify) P = PRIVATE	P (specify)	A 617	23 4 7 4 5 1				
E, STREET OR P.O. BOX							
MAIN STREET							
F. CITY OR TOWN	G.STAT	E H. ZIP CODE IX, INDIAN LA	ND				
	, , , , , , , , , , , , , , , , , , , 		cated on Indian lands?				
B WHITINSVILLE	MA	0 15 88	ĭX NO				
18 16	40 41 42	47 + 51					
X. EXISTING ENVIRONMENTAL PERMITS		The state of the s					
	(Air Emissions from Proposed I	Sources)					
9 N M A 0 0 1 2 5 2 9 P	NA		•				
15 16 17 10 - 30 15 16 17 18 B. UIC (Underground Injection of Fluids)	E. OTHER (specify)	30	A				
CITI CITI	TITITE ISPECTORY	(specify)					
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15 16 17 18 - 30 15 16 17 18 C. RCRA (Hazardous Wastes)	E. OTHER (specify)		N I				
9 R 9	NA NA	(specify)	<u> </u>				
9 R 9 9 9 9 1 18 16 17 18 30 16 16 17 18		1 1 20					
XI. MAP							
Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface							
water bodies in the map area. See instructions for precise	requirements.						
XII. NATURE OF BUSINESS (provide a brief description)	t Latin de la l	<u> 1886 an in 1888 an t-</u>	38 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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XIII. CERTIFICATION (see instructions)							
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.							
		* : * * * * * * * * * * * * * * * * * *	C. DATE SIGNED				
false information, including the possibility of fine and impartment of the second of t	prisonment.	1	,				
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false information, including the possibility of fine and impartment of the second of t	prisonment.	Ana	,				
RICHARD C- BRYAN TRESIDENT	prisonment.	Ana	,				

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	Cor	nsolid	ated	Permits P.	rogram		WE	DE	MA	D 0 4	161	28	5 5	9 3 D
GENERAL LABELITEMS	(Read the "G	enera	Ins	tructions"	before	tarting.)			12	GENER	AL INST	RUCT	IONS	13 14 15
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III. FACILITY NAME ATE-	MOZDINAG	çõi	APE	Y.YVI	inc.			1	hrough	t and	enter the	e corre	ct dat	ect, cross ta in the if any of
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MEA	TINSVILLE		AD	(/)	91588	, / /	//		tems I,	III, V,	and VI	lexce,	oe VI-	complete B which
FACILITY Items if no label has been provided. Refer							Refer to							
LOCATION		Ϊ.		//	/ /	//	///	\ t	ions and	for t	he legal	author		descrip- ns under
	almana e a erusesana dos	POR POR	Marco Se			274 Y 2 7 K	Company of	N V	vhich thi	s data is	collecte	d. Transa		
II. POLLUTANT CHARACTERISTICS														
INSTRUCTIONS: Complete A through questions, you must submit this form an	J to determine w	hethe al for	r you m lis	u need to	submit : narenti	any perm Jesis follo	it application	ation fo	rms to t on. Mark	he EPA. "X" in	. If you a the box i	nswer."	'yes'' i	to any olumn
if the supplemental form is attached. If	you answer "no"	to ea	ch q	uestion, y	ou need	not subm	rit any o	f these f	orms. Yo	ou may a	enswer "	'no" if y	your a	ctivity
is excluded from permit requirements; see	Section C of the				o, Sectio	n D of th	e instru	ctions fo	r definit	ions of I	oold-fee	ed tem	18.	
SPECIFIC QUESTIONS		YES	NO.	K'X' FORM ATTACHED			SPECI	FIC QUE	STIONS			YE		FORM
A. Is this facility a publicly owned t			х			s or will							x	
which results in a discharge to wat (FORM 2A)	ers of the U.S.?		^		8qu	atic anin	nai prod	luction f	facility v	vhich re	sults in		^	
C. Is this a facility which currently resu	ults in discharges	16 X	- 17	18		he rge to his a pro						d 10	20 X	21
to waters of the U.S. other than the A or B above? (FORM 2C)	ose described in	22	22	24		4 or B a ers of the				in a dis	chargo t	0 29		27
E. Does or will this facility treat, stor	re, or dispose of	x		>		you or v							x	
hazardous wastes? (FORM 3)				X	tai	ning, wit	hin one	quarte	r mile e	of the v	well bore	е,		ļ
G. Do you or will you inject at this facili		29	29	30		you or i						31 B-	32	33
water or other fluids which are broug in connection with conventional oil o	r natural gas pro-		X٠		cia	process cess, sol	es such	as minii	ng of sul	fur by t	he Frasc	:h	X	
duction, inject fluids used for enhar oil or natural gas, or inject fluids for					tio	n of foss DRM 4)								
hydrocarbons? (FORM 4) 1. Is this facility a proposed stationary	source which is	34	39	36	ı	this facil	ity a pr	oposed (stationar	y sourc	e which	is 37	30	19
one of the 28 industrial categories structions and which will potentially			Х			T one o tructions							Х	1
per year of any air pollutant regularity control of the control of					pei Air	year of	any air p I may af	collutant fect or b	regulate e locate	d under d in an a	the Clea	in nt		
attainment area? (FORM 5)		40	41	42	erc	a? (FOR	M 5)					62	44	45
[]														
1 SKIP ATF-DAVIDSON COM	IPANY, INC		<u>.</u>									69	1	
IV. FACILITY CONTACT	& TITLE (last, fir	st, &	title,	(1/23 <u>7/</u>				B. PI	HONE (a	rea code	& no.)	9. / 1.	4	
2 ROSOL JOSEPH PLAN	T ENGINEE	ER				1 1		6, 1, 7	2	3.4	7. 4. 5.		٠,	
V. FACILITY MAILING ADDRESS														
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9. CITY	OR TOWN					STATE	D. 211	CODE						
4 WHITINSVILLE					'	M A	01	5.8.8				·		
VI. FACILITY LOCATION					46	41 41	*/				1			
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es C. CITY	OR TOWN				70).STATE	F 711	CODE) F. C	VTNUC	CODE	1	•	•
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VII. SIC CODES (4-digit, in order of priority)	
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18 18 - 18	15 16 19
C. THIRD	D. FOURTH
7 3 5 5 5 and Equipment	10 116 116 119
VIII. OPERATOR INFORMATION	
A. NAME	B. Is the name listed Item VIII-A also t
a ATF-DAVIDSON COMPANY, INC.	owner?
	YES NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the	answer box; if "Other", specify.) D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state)	
S = STATE O = OTHER (specify)	A 61 7 23 4 7 4 5 1
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X. EXISTING ENVIRONMENTAL PERMITS	
	ssions from Proposed Sources)
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C. RCRA (Hazardous Wastes)	OTHER (specify)
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XI. MAP	
	ing to at least one mile beyond property bounderies. The map must show
the outline of the facility, the location of each of its existing a	and proposed intake and discharge structures, each of its hazardous waste
treatment, storage, or disposal facilities, and each well where in	t injects fluids underground. Include all springs, rivers and other surface
water bodies in the map area. See instructions for precise require	ments. $Fq:A150$
XII. NATURE OF BUSINESS (provide a brief description)	
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XIII. CERTIFICATION (see instructions)	THE STATE OF THE S
I certify under penalty of law that I have personally examined	and am familiar with the information submitted in this application and all
attachments and that, based on my inquiry of those persons	immediately responsible for obtaining the information contained in the
application, I believe that the information is true, accurate and	I complete. I am aware that there are significant penalties for submitting
false information, including the possibility of fine and imprisons A. NAME & OFFICIAL TITLE (type or print) B. SIC	NATURE C. DATE SIGNED
B. SIC	C. DATE SIGNED
RICHARD C. BRYAN PRESIDENT ((1) Chara 10/31/80
COMMENTS FOR OFFICIAL USE ONLY	
	Charles and the second of the
EPA Form 3510-1 (6-80) REVERSE	00